



ND Health Enterprise MMIS Implementation Key Points

Glossary of Acronyms & Terms

Active Provider	Medical professional and ancillary non-medical service providers enrolled in the ND Health Enterprise MMIS, eligible to submit claims for authorized services to ND Medicaid member
CBT	Computer Based Training
Computer Based Training	Self-paced delivery of training material in electronic format on a computer (see also CBT)
Member	An eligible person enrolled in the ND Medicaid program (see also Recipient)
MMIS	Medicaid Management Information System
MSP	Medicaid Systems Project
ND DHS	North Dakota Department of Human Services
ND HE MMIS	North Dakota Health Enterprise Medicaid Management Information System (see also ND Health Enterprise MMIS)
ND Health Enterprise MMIS	A web-enabled Medicaid claims processing system developed by Xerox for ND that includes web portals for members, physicians, pharmacists and other users for secure and efficient access to health care information (see also ND HE MMIS)
ND Legacy MMIS	The current ND DHS claim processing system
Provider Enrollment (PE) Portal	The enrollment system providers must use to enroll with ND Medicaid within ND Health Enterprise MMIS
Pharmacy POS	Pharmacy Point of Sale
Recipient	In the MMIS Legacy system, an eligible person is called a Recipient. This is changed in the new ND Health Enterprise MMIS to Member. (see also Member)
Service Authorization	Known as Prior Authorization in the ND Legacy MMIS system. ND Health Enterprise MMIS includes referral requests in this functional area.

ND Health Enterprise MMIS planned Go-Live date is October 5, 2015.

Provider Enrollment

- The ND Health Enterprise MMIS Provider Enrollment Portal will be temporarily unavailable during the Transition Period from 8/21/15 @ 6pm CDT to 10/5/15 @ 8am CDT.
- The National Provider Identifier (NPI) registration on the Department's DHS website will be temporarily unavailable during the Transition Period from 8/21/15 @ 6pm CDT to 10/5/15 @ 8am CDT.
- All North Dakota Medicaid providers who intend to provide services and submit claims after 10/5/2015 should have submitted all information necessary to complete the enrollment packet by 8/21/15. You may contact provider enrollment staff at dhsenrollment@nd.gov to confirm if you have an approved application in ND Health Enterprise MMIS.
- If you submit a new enrollment or missing documentation after 8/21/15, your application may not be approved by 10/5/2015.
- On 9/14/2015, the Department will notify active ND Legacy MMIS Providers with an incomplete enrollment application in the ND Health Enterprise MMIS. Any provider that receives this letter will need to work with the Department to complete the enrollment process after the ND Health Enterprise MMIS is operational on 10/5/2015.
- Any Legacy Provider that chooses not to enroll in ND Health Enterprise MMIS and needs to submit a claim or adjustment with date of service prior to 10/5/15, will need to submit their claims on the paper claim form using the new claim form instructions for processing in ND Health Enterprise MMIS. Claims forms and instructions are available at <http://www.nd.gov/dhs/info/mmis.html>.
- If you have not submitted a provider enrollment application through the ND Health Enterprise MMIS prior to 8/21/2015, you will need to submit a provider enrollment application using the ND Health Enterprise MMIS website on or after 10/5/2015.

Transition Period

- An interim period (Transition Period) will be required during which all providers and trading partners will no longer be able to submit claims to ND Legacy MMIS and must wait for the ND Health Enterprise MMIS to go live.

Training

- Providers can view computer-based training at (<http://NDMMIS.learnercommunity.com>) and will be required to register for instructor-led training.

ND Health Enterprise Access

- Letters will be sent to all approved enrolled providers on or about 9/15/15. The letters will contain ND Health Enterprise MMIS log-in credentials for the organization administrator, the new Medicaid identification number, and Automated Voice Response System identification number. Password information will be mailed in a separate letter on or about 9/16/15.

Final Implementation - Go-Live 10/5/2015

- ND Health Enterprise MMIS will begin to process claims on 10/5/2015. The first checks and electronic funds transfer payments will begin 10/12/2015.
- Web-file transfer will only be used for Minimum Data Set (MDS) transmissions. Claims files will no longer be accepted through the Web-file transfer system.
- On 10/5/2015, the ND Health Enterprise MMIS will be operational.

August 2015 Transition Activity

- Providers should take all necessary steps to ensure that requests for prior authorizations and claims submission/adjustments to ND Legacy MMIS are as up-to-date as possible.
- Verify ND HE provider enrollment data is correct.
- Confirm banking information and complete Pre-Note testing for EFT payments.
- Submit any changes to correct information to ndproviderservices@ahs.com before 6pm CDT on 8/21/15.
- **Be aware of final processing deadlines and Transition Periods, including:**
 - 8/5/15 - Last date to accept claim adjustments in ND Legacy MMIS except for paper claim adjustments to meet timely filing. The timely filing policy is available at <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/timely-filing-policy.pdf>
 - 8/17/15 – Last date to accept paper claims in ND Legacy MMIS (all providers except Basic Care, Transportation and Qualified Service Providers).
 - 8/18/15 – Transition Period for paper claims begins.
 - 8/21/15 @ 6 pm CDT – Last date to submit provider enrollment applications. A submitted application does not confirm approval of an application. If you are unsure if your enrollment application was approved, please contact provider enrollment staff at ndproviderservices@ahs.com to confirm.

September 2015

- **Be aware of final processing deadlines and "transition" periods, including:**
 - 9/2/15 @ Noon CDT - Last date for accepting electronic claims (837) in ND Legacy MMIS.
 - 9/3/15 - Transition Period for electronic claims (837) begins.
 - 9/7/15 @ 6pm CDT - Last date to accept Basic Care, Transportation and Qualified Service Provider paper claims in ND Legacy MMIS.
 - 9/8/15 @ 5pm CDT – Last regular check write (including paper claims) in ND Legacy MMIS.
 - 9/14/15 – Last regular check write for pharmacy Point of Sale (POS) claims in ND Legacy MMIS.
 - 9/14/15 – Last regular check write that will pay or deny all suspended claims in ND Legacy MMIS.
 - 9/15/15 – Special check write for Provider Transition Payments made to eligible providers including the final Remittance Advices (RAs) released in ND Legacy MMIS. This will be the final check write performed in the ND Legacy MMIS.

October 2015

- 10/4/15 @10pm CDT – Last date to submit pharmacy claims in the Legacy Pharmacy POS system
- 10/4/15 – Transition Period ends for electronic claims (837).
- ND Legacy MMIS is retired. All North Dakota Medicaid claims processing transitioned to the new ND Health Enterprise MMIS.

October 5, 2015

- The current ND HE MMIS web portal for provider Enrollment (<https://mmis.nd.gov>) reactivated.
- Organizational administrators can log into the ND Health Enterprise MMIS to set up access privileges for provider staff to check eligibility, submit service authorizations, submit online claims, and/or access Remittance Advices online.
- Providers can begin receiving direct deposit of remittance amounts into approved banking accounts via Electronic Funds Transfer (EFT). The current processing time to verify the bank routing number and account number of up to 48 hours will still apply.
- Providers who elect to submit claims using ND HE MMIS provider portal can begin to create claim templates to simplify claim submission.
 - Templates create efficiency by storing information that is repetitive and time-consuming to enter.
 - Templates help reduce data entry errors.
 - Templates assist by storing information that is consistent for all claims (i.e. NPI, taxonomy codes, EIN, etc.).
 - Templates minimize the amount of data entry necessary to create a completed claim.
 - Multiple unique templates can be created for a specific purpose or scenario.

New Provider features of the ND Health Enterprise MMIS system:

A provider web portal is available 24 hours a day/7 days a week where providers can perform activities like:

- Manage user account/passwords,
- Enter claims online,
- Adjust claims
- Upload X12 batch transactions,
- Receive immediate response on claim payment information including amount to be paid, recipient liability, and co-pays,
- Inquire on claim processing status and payment history,
- Inquire on claims in suspense status,
- Access billing manuals, coding guidelines, companion guides, and member co-pay and service limit information,
- View message board for announcements and messages,
- View mailbox for items such as provider bulletin, correspondence, and electronic transactions, and
- Report suspected fraud or abuse anonymously.

Claim Form and Service Authorization Changes

- Basic care providers will use the CMS 1450 (UB-04) claim form version to submit claims,
- Psychiatric Residential Treatment Facility (PRTF) providers will use the CMS 1450 (UB-04) claim form version to submit claims,
- Providers will be able to submit Service Authorizations through ND HE MMIS (some service authorizations will still be submitted via FAX), or providers can still submit Service Authorizations through fax,
- Providers will still submit payment alerts through fax.

New Member features of the ND Health Enterprise MMIS system:

A web portal is available 24 hours a day/7 days a week where members can perform functions via the Internet like:

- Inquire on general eligibility rules,
- Search for Medicaid health care providers based on a provider's name, specialty, location, or other criteria,
- Display history of doctors and providers visited,
- Lookup Primary Care Provider assignment,
- Display processed claims submitted on a member's behalf,
- Inquire on the status of program and benefit limits,
- Inquire on the status of service authorizations,
- Report suspected fraud or abuse anonymously.

Enhanced Automated Voice Response System is available with more features including:

- Claim status inquiry,
- Remittance Advice information,
- Service authorization status inquiry,
- Member eligibility status inquiry, and
- Benefit limits inquiry.